

UNITED STATES DISTRICT COURT

for the

~~Northern~~ District of New York

Division

Case No.

(to be filled in by the Clerk's Office)

Ms. Holmes Alexander

Plaintiff(s)

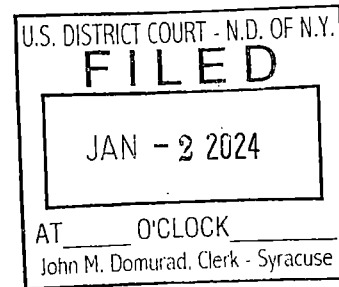
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

orc A. Morales
Green Haven Correctional
Facility

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)



COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Holmes Alexander

All other names by which
you have been known:

Changel Ané, Ms. Holmes A

ID Number

21A1957

Current Institution

Green Haven Correctional Facility PO Box 4000

Address

Stornville, NY, 12582

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

All of Green Haven

Job or Title (*if known*)

Correctional Facility

Shield Number

in their own capacity

Employer

Address

594 Route 216

Stornville, NY, 12582

City

State

Zip Code



Individual capacity



Official capacity

Defendant No. 2

Name

Superintendent Miller

Job or Title (*if known*)

Superintendent

Shield Number

Superintendent

Employer

Green H State of New York

Address

594 Route 216

Stornville, NY, 12582

City

State

Zip Code



Individual capacity



Official capacity

Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐ Individual capacity
 ☐ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

orc A. Morales
 orc
 orc
 Orc of green haven
 Correctional Facility
 Stormville NY 12582
 City State Zip Code
☒ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

UCC violations, Holding my person, +
 Kidnap of my person.
~~United~~ uniform Commercial code,
 grossly negligence of confidential
 order of the Article 75 civil service
 law, + kidnap

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed. *Superintendent Miller allows medical malpractice to occur and also is holding confidential and false paper work under Nassau County indictment 1562N-19*

III. Prisoner Status *Also Holding me mis Holmes Alexander #21A1957 and the CRC of Green Haven Not*

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☐ Other (explain) *Kidnapped and wrongfully convicted*

finding adequate housing knowing I'm wrongfully convicted

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

262 Old Country Road Nassau County Supreme Court, July 21, 2021 +

November 14th, 2018
 B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Nassau County Correctional Facility, Midstate Correctional Facility, Marcy Correctional Facility Fishkill Correctional Facility, Woodbourne Correctional Facility, Green Haven Correctional Facility.

C. What date and approximate time did the events giving rise to your claim(s) occur?

~~October 2021 till December~~

November 14th, 2018, December 20, 2023
every hour, second, minute.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

The Facts are that Superintendants of all ~~facility~~ facilities Aforementioned Withheld ~~C~~ false and confidential paper work within my IND # 15620-19 to embezzel my securities and as well the confidential paper work holds commercial Value. → See Attachments

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I've been raped by 5 people in fishkill ct. I've been cut in my neck with a Blade, I've had my food Poisoned, I've been Stabbed twice, I've had a CO Put his cock in my mouth until he ejaculated, my personal bought female hygiene

stolen my securities embezzel, starved,
VI. Relief Drinking toilet water because my water

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Release from cruel and unusual ~~punishment~~ punishment grab the person that did this crime and \$8.2 million dollars for Pain and Suffering medical malpractice for my Lupus and Hypothyroid that I was naturally Born with OSI failure to investigate the rape and me being thrown in ~~Shit~~ and not

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes.

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). *NCCC, ~~AA~~ MSCF,*

CHCF, Marcy CF, Fishkill CF,
Woodbourne CF.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☒ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Midstate Cf, NCCC, Green Haven Cf,
Fishkill Cf, Woodbourne Cf,

2. What did you claim in your grievance?

everything aforementioned
in V. section

3. What was the result, if any?

I got a spit in the face
Figuratively speaking.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I appealed to the Superintendents
and the courts for better relief.
and please take a look at
Enclosed.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

see attached
Exhibits

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes

☐ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

Please see
Attached →

2. Court (if federal court, name the district; if state court, name the county and State)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☒ Yes

☒ No

If no, give the approximate date of disposition.

Please see

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Attached

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Please see
Attachments

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

☒ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

Please see
Attachments

2. Court (if federal court, name the district; if state court, name the county and State)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☒ Yes☒ No

If no, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Ms. Alexander Holmes December / 20 / 2023
Ms. Alexander Holmes
 21A1957
 Green haven ct.
 Stormville NY 12582
 City State Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

December / 20
Cheryl D. Bartow P.C.
offices of Cheryl D. Bartow Esq.
 194 Old Country Road
 Mineola NY 11501
 City State Zip Code

Attachment

a Scheme inside A male Max A
Prison unlawfully because I was
unintelligent to Malicious ~~prosecution~~
Prosecution the courts proceedings
And my wrongful conviction
With the Assistant District
Attorney mixing up False Documents
in IND# 1562N-19
From where I'm from Nassau County.

V. ~~my water~~ Attachment

Was shot off for weeks
in midstate Cof. RRU where
There was no cameras by
co. Ayleworth, co. pasek, co. Brown,
Captin Murphy, Superintendent Hilton,
and co. Reihe, and Alien Forts
Orc lowewski, Lt. wevins,
I was Starved, I was Beat,
Sexually Abused, HarAssed,
Being called A man repeatedly
Had A lot of Bias and Bigoted
Acts drawn Against me, also
racist, Antisocial & Sociopathic
undertones ~~display~~ displayed.

(D.) Attachment

The people involved was all superintendents in all facilities aforementioned as well as Alien Torts, state actors, and executive De Sant torts involved in the Bias action, Jeffery Scott Grader, Robert G. Bagle the Judge of Supreme Court of Nassau County, Eugenia Soldatos, Madeline Signas, Cristin N. Connell, Andrea Shirey Ann Thompson, Stanley the pimp of Andrea, 9040 Detective Kampferlein, Jason Cowan ID# 3763-89 (Q) All the Police Departments in Nassau County - Green Haven C.F., Midstate C.F., Woodbourne C.F., Fishkill C.F., Marcy C.F., Nassau County C.F., NUNMC hospital, (DHS), The people of New York State who kidnapped me from my Residence of 23 years Before my Incarceration.

Who else saw what happen

is Kyle Craig 22B2683 And others Because he was Right Next to me When I was in

10-2-50 cell in Midstate RRU located Po Box 13403 Marcy, NY, 13403.

12/2016

INCARCERATED GRIEVANCE RESOLUTION COMMITTEE
ACKNOWLEDGEMENT OF RECEIPT

TO: Holmes DIN: 21A1957 LOC: E4-143

FROM: IGRC OFFICE: Incident date: _____ Action Request: _____ Signature: _____

CODE: 22 TITLE: DID NOT RECEIVE Eyeglasses And for

This notice is to inform you that your grievance has been received by this office on

11/10. It has been given the log number GH 2122-23 NOV 16 2023

Your log number, DIN, and cell location must be included on any inquiry made concerning your grievance.

Upon completion of an investigation into your grievance, you will be scheduled for an IGRC hearing. According to Directive #4040 if you do not appear for the hearing without a legitimate reason, the IGRC will hold a hearing in absentia.

If your grievance is numbered as part of a consolidated issue, you may or may not be called for a hearing. However, you will receive a copy of the grievance committee's decision, and you may appeal any decision in accordance with Directive #4040.


Directive #4040 701.3(a) Inmate's Responsibility. An incarcerated individual is encouraged to resolve his complaints through the guidance and counseling unit the program area directly affected, or other existing channels (informal or formal) prior to submitting a grievance. Although a facility may not impose pre-conditions for submission of a grievance, the failure of an incarcerated individual to attempt to resolve a problem on his own may result in the dismissal and closing of a grievance at an IGRC hearing.

***Notice of Return: Please resubmit with correction requested.**

Please be advised that your grievance received on _____, is being returned to you via callout for one or more of the following reasons. You will be placed on a callout to meet with an IGRC Representative or IGP Supervisor to address any issues.

- | | |
|--|--|
| <input type="checkbox"/> No action request, please indicate one. | <input type="checkbox"/> No incident date noted. |
| <input type="checkbox"/> No signature | <input type="checkbox"/> Non-grievable per Directive #4040 |
| <input type="checkbox"/> Unable to understand handwriting. | <input type="checkbox"/> Loss/damage of property is addressed by utilizing the claim mechanism in accordance with Directive #2733. |
| <input type="checkbox"/> Other (as indicated below): | |

IGP Supervisor Stanaway JS IGP Supervisor Pickett _____

 Corrections and Community Supervision INCARCERATED GRIEVANCE PROGRAM COMPLAINT FORM	GRIEVANCE NO. 2122-23	DATE FILED NOV 16 2023
	GRIEVANT NAME Ms. Alexander	DIN 21A1987
	FACILITY Holmes GREEN HAVEN CF	HOUSING UNIT E4-143
	PROGRAM	DATE 11/10/23

(This form must be filed within 21 calendar days of grievance incident*)

Description of Problem: (Please make as brief as possible and print legibly)

This grievance is involving my prescription glasses please see my first copy for my glasses I paid \$15 in total for my govt wire frames for mid-state I paid for I will like my prescriptions that I paid for thank you for your patients

Grievant Signature: *[Signature]*

NOV 16 2023

Grievance Clerk Signature: *[Signature]*

Date: 11-16-23

Advisor Requested: ☒ YES ☐ NO

Who: Mid-state Doctor

Action Requested by Grievant:

chardrey 114 medical

Please get my glasses I paid for

This Complaint Has Been Resolved as Follows:

Informal Resolution Accepted: (To be completed only if resolved prior to hearing)

Grievant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

If unresolved, you are entitled to a hearing by the Incarcerated Grievance Resolution Committee (IGRC).

*An exception to the time limit may be requested under Directive #4040, § 701.6 (g).

GREEN HAVEN CORRECTIONAL FACILITY

P.O. BOX 4000

STORMVILLE, NEW YORK 12582-4000

NAME:

Alphonse M. Bektar
U.S. DISTRICT COURT
JAN 02 2024

DIN:

21A1957



NEOPOST

FIRST-CLASS MAIL

12/26/2023

US POSTAGE

~~\$0.87~~



ZIP 12582
041M11466608

Bektar

Federal Building
and U.S. Court
House

Saca 13261
13261 7346 0000
- 7346

Legal Mail